

FILED JUN 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH57 021566
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 297

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Cherokee	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		c. CITY OR TOWN Galena	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp		d. STREET ADDRESS 2000 Galena Av.	
3. NAME OF DECEASED (Type or print) First MIDDLE Last DONALD EARL WALKENSHAW		4. DATE OF DEATH Month Day Year June 16 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 29, 1900
9. AGE (In years last birthday) 56		10. KIND OF BUSINESS OR INDUSTRY E.D. Electric Co. Ottawa Co. Okla.	
11. BIRTHPLACE (City and state or country) U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William Walkenshaw		14. MOTHER'S MAIDEN NAME Josie Lynch	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 527095769	
17. INFORMANT Mrs. Rena Walkenshaw		Address Galena, Kan.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion with myocardial infarction DUE TO (b) Atherosclerosis DUE TO (c) 4201 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Arteriosclerotic Kidney and generalized arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY. Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at June 16, 1957 8 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. L. Fosarson M.D. Pathologist Joplin, Mo		22b. ADDRESS Joplin, Mo	
22c. DATE SIGNED June 16, 57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-18-1957	
23c. NAME OF CEMETERY OR CREMATORY Hindley		23d. LOCATION (City, town, or county) Cherokee Co. Kansas	
24. FUNERAL DIRECTOR Roy P. Derfelt		25. DATE RECD. BY LOCAL REG. 6-18-1957	
ADDRESS Galena, Kansas		26. REGISTRAR'S SIGNATURE Dove Merriam	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

100-443887-1

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Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.